## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 FOR LINE	OF 24 OF FORI	7 M 3X	
ENTIFICATION NUMBER ▼			
ENTIFICAT	ION NUMBE	R▼	

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
SANTA BARBARA WOMEN'S POLITICAL COMMITTEE	C C00429456		
Check if 24-hour report 48-hour report New report Amends report filed or	1		
Full Name (Last, First, Middle Initial) of Payee SANTA BARBARA WOMEN'S POLITICAL COMMITTEE	Date		
Mailing Address PO BOX 90618	05 18 2012 Amount		
City State Zip Code SANTA BARBARA CA 93190	218.53		
Purpose of Expenditure Newspaper ads  Category/ Type  Office S	Ansaction ID : SE.4099  Sought: House State: CA Senate District: 24		
Name of Federal Candidate Supported or Opposed by Expenditure:  LOIS CAPPS  Check	One: President Oppose		
Calendar Year-To-Date Per Election for Office Sought 0.00 Disburs 2012	ement For: Primary General  Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			
Tuli Name (Last, First, Middle Initial) of Payee	Oate		
Mailing Address	Amount		
City State Zip Code			
Purpose of Expenditure  Category/ Type  Office 9	Sought: House State:		
Name of Federal Candidate Supported or Opposed by Expenditure:  Check	President One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	sement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	218.53		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	218.53		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Lisa Guravitz [Electronically Filed] Date 07	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			